

Number: BETP20211015-02836

Inspector: Derek Flory

Date: Oct 15, 2021

Michigan Department of Health and Human Services
Bureau of EMS, Trauma & Preparedness
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Fax: (517) 335-9434
Email: MDHHS-MichiganEMS@michigan.gov
Website: www.michigan.gov/ems

TEST1234567890

Expiration Date:

Vehicle Call Sign:

T1

Vehicle Unit Number:

T1

MFR Vehicle Critical Equipment

Agency Information

*Name of Agency:

Sample

*Type of Inspection:

Sample

*License Plate Number:

Sample

Vehicle Requirements

| No. | Item | | | |
|-----|--|---|----|----|
| 1 | Communication- State MEDCOM Compliant (HERN Required for all vehicles except non-transport BLS, and MFR) | C | NC | NR |
| 2 | External Warning System: Visual & Audio – Must be Operational | C | NC | NR |
| 3 | Fire Extinguisher: UL Listed w/Current Tag, 2-A-20 BC (1) | C | NC | NR |
| 4 | Flares or Equivalent Device (3) | C | NC | NR |
| 5 | Vehicle Starts/Runs | C | NC | NR |

Airway

| No. | Item | | | |
|-----|---|---|----|----|
| 6 | Bag Valve Mask: Hand Operated Self-Expanding Bag with Oxygen Reservoir/Accumulator; Valve (Clear & Operable in Cold Weather); and Mask (Adult, Child, Infant, and Neonate Sizes) Child (450-750ml) (1 each) and Adult (>1000 ml) (1 each) | C | NC | NR |
| 7 | Nasal Cannulas: Adult and Pediatric (1 each) | C | NC | NR |
| 8 | Nasopharyngeal Airways: 1 Size between 16-24 fr and 1 Size between 26-34 fr | C | NC | NR |
| 9 | Non-Rebreather Masks: Adult, Child, and Infant (1 each) | C | NC | NR |

| | | | | |
|----|--|---|----|----|
| 10 | Oropharyngeal Airway: 0-1, 2-3, 4-5 (1 each) | C | NC | NR |
| 11 | Oxygen Portable with Regulator Capable of 15 lpm, and Supplies | C | NC | NR |
| 12 | Suction Portable (Can be manually powered) | C | NC | NR |
| 13 | Suction Tubing: Wide-Bore Tubing, Rigid Pharyngeal Curved Suction Tip and Tonsil and Flexible Suction Catheters 6F-16F (1 between 6F-10F and 1 between 12F-16F). 1 set for each mechanical suction device. | C | NC | NR |

Trauma - Bandaging

| No. | Item | C | NC | NR |
|-----|--|---|----|----|
| 14 | Arterial Tourniquet (commercial) (1) | C | NC | NR |
| 15 | Bandages - Triangular (4) | C | NC | NR |
| 16 | Band-Aids (assortment) | C | NC | NR |
| 17 | Burn Sheets - Sterile (2) | C | NC | NR |
| 18 | Dressing: Large Sterile Trauma (1) | C | NC | NR |
| 19 | Dressing - Occlusive: Sterile (aluminum foil, saturated gauze, etc.) (1) | C | NC | NR |
| 20 | Gauze Bandages: Rolled (6) | C | NC | NR |
| 21 | Gauze Pads - 4" x 4" Sterile (12) | C | NC | NR |
| 22 | Scissors - Bandage/Trauma (1 pair) | C | NC | NR |
| 23 | Tape: Hypoallergenic (1 roll) | C | NC | NR |

Trauma - Splinting

| No. | Item | C | NC | NR |
|-----|---|---|----|----|
| 24 | Cervical Immobilizers: Infant, Child, Adult (2 each) | C | NC | NR |
| 25 | Head Immobilization Device (1) - Firm Padding or Commercial Device | C | NC | NR |
| 26 | Long Spine Immobilization Device (1) - Rigid Support | C | NC | NR |
| 27 | Short Spine Immobilization Device (1) - Rigid Support | C | NC | NR |
| 28 | Rigid Splints - Short, Medium, and Long (Long must be at least 36 Inches each) (2 each) | C | NC | NR |
| 29 | Traction Splinting Device (1) | C | NC | NR |

Defibrillator

| No. | Item | C | NC | NR |
|-----|--|---|----|----|
| 30 | Means to Defibrillate Pediatric and Adult Patients. Per AHA adult pads can be used for pediatric patients. | C | NC | NR |

Miscellaneous - PPE & Other

| No. | Item | C | NC | NR |
|-----|---|---|----|----|
| 31 | Alcohol-Based Hand Cleanser (Towlette, Spray, or Liquid) (1) | C | NC | NR |
| 32 | Disinfectant Cleaner for Bloodborne Pathogens EPA Registered (for vehicle cleaning) (1) | C | NC | NR |
| 33 | Documentation Tools (Pens, Tablet, Run Forms) | C | NC | NR |
| 34 | Flashlight (1) | C | NC | NR |
| 35 | Gloves Non-Latex (1 Box or Pouch of Each Size) | C | NC | NR |
| 36 | HEPA Respirator or N-95 Masks (One for each crew member) | C | NC | NR |
| 37 | Personal Protection Equipment: Impervious Gown, Eye Protection (Full Peripheral Glasses, Goggles, or Face Shield), and Mask (One for each caregiver) | C | NC | NR |
| 38 | Ensure that each individual operating a licensed life support vehicle during an emergency has access to all applicable protocols for each medical control authority for which they are operating under unless provided by policy in an agency inspection. | C | NC | NR |
| 39 | Reflective Safety Wear for each Crewmember | C | NC | NR |

Miscellaneous - Patient

| No. | Item | C | NC | NR |
|-----|--|---|----|----|
| 40 | Blankets (2) with 1 being a Thermal Absorbent Blanket, or Appropriate Heat-Reflective Material (adult size) | C | NC | NR |
| 41 | Blood Pressure Cuff and Sphygmomanometer : Infant, Child, Adult, and Large Adult (1 each) | C | NC | NR |
| 42 | Bottled Sterile Water or Bottled Normal Saline 0.9% (NS) (1 liter) | C | NC | NR |
| 43 | Cold Packs (2) | C | NC | NR |
| 44 | Emesis Container (1) | C | NC | NR |
| 45 | Heat Packs (2) | C | NC | NR |
| 46 | Infant Thermal Cap (1) | C | NC | NR |
| 47 | OB Kit: Sterile Contents (1) - (4 x 4 Dressing, Sterile Scissors or other Cutting Utensil, Bulb Suction, Clamps for Cord, Sterile Gloves, Blanket) | C | NC | NR |
| 48 | Soft Restraints (May be cravats) (4) | C | NC | NR |
| 49 | Stethoscope (1) | C | NC | NR |
| 50 | Thermometer with Low Temperature Capability down to 86 Degrees (i.e. hypothermia) (1) | C | NC | NR |

| | | | | |
|----|--|---|----|----|
| 51 | Towels (Adequate size for padding) (2) | C | NC | NR |
|----|--|---|----|----|

Miscellaneous - Other Health & Safety Concerns

Other Health and Safety Concerns: _____

MCA Approved Critical Equipment

MCA Approved Equipment

| No. | Item | C | NC | NR |
|-------------------------------------|---|---|----|----|
| 52 | End Tidal CO2 Detection Capability: Either Quantitative Capnography or Colorimetric – Adult (1) | C | NC | NR |
| 53 | Glucometer or Blood Glucose Measuring Device with Reagent Strips | C | NC | NR |
| 54 | i-Gels TM Supraglottic Airway (1) | C | NC | NR |
| 55 | Impedance Threshold Device (1) | C | NC | NR |
| 56 | Injection Supplies - Sizes Suitable for Pediatrics and Adults | C | NC | NR |
| 57 | Medications (Locked & Secured) | C | NC | NR |
| *Medication Names | | | | |
| <input type="text" value="Sample"/> | | | | |
| *Hospital Filled By | | | | |
| <input type="text" value="Sample"/> | | | | |
| *Date Filled | | | | |
| <input type="text" value="Sample"/> | | | | |
| *Expiration Date | | | | |
| <input type="text" value="Sample"/> | | | | |
| 58 | MI-MEDIC Cards and Length Based Pediatric Dosing Tape | C | NC | NR |
| 59 | Pelvic Binder (Commercially Approved FDA Device) (1) | C | NC | NR |
| 60 | Pulse Oximeter with Pediatric & Adult Capability (1) | C | NC | NR |
| 61 | Sharps Container (Portable) (1) | C | NC | NR |
| 62 | Syringes (1, 3, 5, 10, and 20 ML) - Multiple of each size | C | NC | NR |
| 63 | Tube Holder (1) | C | NC | NR |

Instructions and Signature

Instructions

The findings from this inspection will be submitted to the Michigan Department of Health and Human Services (MDHHS) to determine compliance with requirements for licensure. This inspection form does not indicate licensure status. The MDHHS upon determination of compliance with applicable statutory and regulatory requirements and standards, will issue the license in accordance with Part 209 of the Public Health Code (PA368 of 1978), as amended.

Items on this inspection form checked "NC" indicates that the item was not clean, was missing, or non-functional at the time of this

inspection, causing MDHHS to consider each applicable vehicle to be in violation of Part 209 of the Public Health Code (PA 368 of 1978), as amended. Non-sterile items must be clean and functional. Sterile items must be intact in their package, usable, integrity of package must not be compromised, and must not be expired.

Instructions for Required Corrections

Non-Compliant (NC)

- If MDHHS makes the determination that a vehicle is non-compliant with equipment items, the agency has 24 hours to bring the vehicle into compliance. If the life support vehicle is not brought into compliance within that time period, the vehicle will be taken out of service. The life support agency shall demonstrate to the department, in writing, when the vehicle has been brought into compliance. A re-inspection may occur after the vehicle corrections are made within 15 days of notification.
- If a life support vehicle remains out of compliance for more than 15 calendar days from the date of inspection, then the vehicle license shall be automatically revoked.

Other Licensure Issues

- MDHHS may order a life support vehicle out of immediate service if it determines that the health, safety, and welfare of a patient may be in jeopardy due to non-compliance with equipment items, defective and non-functional equipment, or other applicable reasons. A notice of such action shall be issued to the life support agency by MDHHS based upon the deficiencies identified in the inspection report.
- A life support agency may immediately address potential violations during the inspection. The inspection report will reflect the action taken and MDHHS will consider that the indicator was met.

Documentation of completed corrections may be faxed or emailed to MDHHS

Email: FloryD@michigan.gov

Fax: 517-335-9434

Signature

I, the undersigned representative of the above service, acknowledge receipt of a copy of this inspection report, supplemental notes and corrective action statement (if applicable). I am aware of the deficiencies listed (if any) and understand that failure to correct the deficiencies within the established time frames will subject the service to administrative action and penalties as outlined in Sections 201 and 209 of the Michigan Public Health Code and the Administrative Rules thereunder.

I, the undersigned MDHHS representative, acknowledge that I have conducted a full inspection of this vehicle in accordance with the equipment requirements set forth above and that all statements I have made on this inspection report are true and accurate to the best of my knowledge.


Comments:

Passed

Total: 0 deficiencies of 63 items

Responsible Party Signoff

*



*First Name:

Sample

*Last Name:

Sample

Certification Number:

